

NCPG PREVENTION COMMITTEE - SPECIAL POPULATIONS SUBCOMMITTEE AFRICAN AMERICAN POPULATION

Any person, regardless of race, sex, religion, ethnicity, or social class, can be affected by gambling addiction. However, studies have shown African Americans are more likely to experience problem and pathological gambling than European Americans.

“We examined differences in the associations of gambling problem severity and psychiatric disorders among a nationally representative sample of 32,316 black and white adults. Black respondents were more likely than white ones to exhibit problem or pathological gambling (PPG) and a stronger relationship between subsyndromal gambling and any mood disorder, hypomania, and any substance use disorder. Differences in the patterns of co-occurring disorders between syndromal and particularly subsyndromal levels of gambling in black and white respondents indicate the importance of considering race-related factors in mental health prevention and treatment strategies.”

Barry, D. T., Stefanovics, E. A., Desai, R. A., & Potenza, M. N. (2011). Differences in the associations between gambling problem severity and psychiatric disorders among black and white adults: findings from the National Epidemiologic Survey on Alcohol and Related Conditions. The American journal on addictions, 20(1), 69–77. doi:10.1111/j.1521-0391.2010.00098.x

Yet there is an under-representation of African Americans in problem gambling related materials and advertisements. Unfortunately, this creates an impression that services for disordered gambling are not readily accessible or meaningful to the African American community, which further marginalizes this underserved population. African Americans would be more inclined to seek help from a program that represented them in their written materials and receive treatment from counselors who understand their cultural differences. It is paramount that preventionists and treatment providers do their research on how to interact with this population to meet their cultural needs while offering services.

Survey Results

Approach: Please briefly describe how you got your “Foot in the Door.”

- It is important to understand the historical contexts of African Americans and its relationship to health outcomes. Additionally, the field of problem gambling has historically been disconnected to communities of color and community experiences of gambling. The “foot in the door” must be about engaging African Americans in a meaningful way and creating a path for empowerment, for them to lead, and to have a seat at the table.
- We serve numerous public schools across the state, and many classrooms are comprised of 40-50% children of color. Our youth presentations and class materials are created with input from African American and Latin American staff members to stay culturally relevant and appeal to students from various racial, socioeconomic and ethnic backgrounds. Our presentations for youth are team facilitated (two persons per presentation) by presenters of different ages, sexes, colors and cultural backgrounds.



GOAL

The goal for the Special Populations Sub-committee was to survey professionals in the field with expertise in working with three specific populations who are at-risk for problem gambling. The special populations selected for investigation in 2018-2019 were Co-Occurring Conditions (Substance Use Disorders and/or Mental Health Issues), African American and Older Adult populations. This document reports specific strategies used to create successful partnerships and programming for Problem Gambling in the African American population.

“Because I understand the culture, the cultural beliefs and values, and community, I have an authentic commitment and credibility within the community. My counselor education, research skills, and cultural expertise (my specialty) provide me the ability to support African Americans and African descent communities (not just American born but persons of the African Diaspora).”

- Deborah Haskins

Survey Results cont'd...

Successful Strategy: Please describe the specific successful strategy you used to develop a working relationship with this population. What sorts of prevention initiatives were you able to establish on an ongoing basis?

- One successful strategy I use is to incorporate African-descent cultural values (faith, spirituality, communal valuing, family and extended family, validation of marginalization and oppression in American society since slavery and still present-day racism and oppression, etc.) into prevention and treatment. In order to effectively engage African Americans, there must be a recognition of African-centered values that are distinct and not the same as European-American or descent valuing; these values must be included from the conception of any health promotion. African Americans have to constantly live through a daily disregard of these native cultural values and expectations that European American (or descent) values are universal. What is successful I have found is respecting the African-descent values and incorporating these values into any health promotion activities.
- As a critical step to promoting racial equity, over the past three years we have facilitated engagement activities with over 800 community members and the majority are people of color. As a result of our engagement, we have launched two innovative prevention programs:
 1. **The Massachusetts (MA) Photovoice Project:** uses a youth-centered, participatory approach to engage local youth in using Photovoice to help prevent problem gambling. This approach to community change-making places youth, particularly those who experience disparities and inequitable balances of power, at the center of community change.
 2. **MA Ambassador Project:** is a participatory, peer-to-peer strategy that trains men of color who are in recovery to have gambling prevention conversations with other men of color in their community with a history of substance misuse. Ambassadors receive training to increase their knowledge on problem gambling and strengthen their leadership and workforce development skills.

Facing Barriers: What sort of challenges did you encounter in working with this population? What didn't work? Why do you think it didn't work?

- Research isn't being done to investigate the types of gambling African Americans engage in. It's assumed that African American and European Americans participate in the same activities.
- PowerPoint has limited reach; even if we make sure our slides are diverse in the people and pictures that populate them. Kids often just tune out the slides and pay attention to the videos. So we use videos to make some of our major points and make sure the videos we use include people from all walks of life in gambling situations with which they can identify.

"In our youth presentations, relatable real life stories are told from an African American perspective so the African American students in class can correlate the stories with the material from the presentation."

- Michael Spencer

"One barrier is a lack of culturally relevant and appropriate problem gambling wellness materials and campaigns. Prevention tools that do not reflect "faces or voices" of African-descent persons are not effective.... Another challenge is that the community is diverse. Strategies for persons experiencing material poverty will require different strategies than for middle-class or higher persons in the community. There is no one-size-fits-all, therefore, one barrier is an inflexibility in attempting to design a prevention effort to appeal to the culture at large versus recognition that the culture is diverse."

- Deborah Haskins

Survey Results cont'd...

Overcoming Challenges: Please share any tips, angles or incentives you used to successfully overcome the barriers or challenges you encountered working with this population.

- We are offering the problem gambling training in the community. Instead of expecting persons to “come to us,” we are going to them.
- One concern is that the trainings are 24 hours and the reality, especially for this community, is that people, even those committed to community wellness, cannot tie up 6 hours on a Saturday for training.
- Include diverse persons (economically, occupationally, educationally, skin color etc.) in the public awareness campaigns. Because African Americans value arts and music, we included one dancer couple in one message (the male was a gambler in recovery), college professor, taxi driver etc. who could speak about gambling issues.
- One effective tool was the producers developed a relationship with local rappers, taught them problem gambling, and then had them write a very empowering and clear message about high risk gambling. They filmed it in East Baltimore, an economically distressed area instead of the “glitz” of some communities which would not connect with many.
- Strive to be inclusive and include the prevention messaging on buses vs. reliance only on big billboards since not everyone has a car.

Meeting Needs: What specific needs of this population did you attempt to address with your efforts? How did you determine these needs were met? Will this strategy continue to meet the needs of this population in the future?

- There are a variety of needs that our efforts are attempting to meet, specifically in improving health outcomes for African-Americans and eliminating obstacles that contribute to health disparities. To this end, we are taking a very comprehensive prevention approach that looks at changing environmental conditions and developing personal attributes.
- The needs of these clients is to be connected to a group of supportive peers with similar experiences and struggles. There are 12 Step groups that are primarily African American from which they may obtain a sponsor.
- The major need was providing quality, clear problem gambling wellness to the community with key stakeholders from the community. Evaluations are very helpful, and we also incorporated changes based on their feedback.
- Some of the PSAs we use within our presentations for youth were created and performed by young men of color through a program called Media Matters which involved youth in one of our local detention centers. The messages about problem gambling are authentic, the consequences for risky behavior are clear. The at-risk kids of color in the classroom, and especially those in the detention centers we visit, pay special attention to these videos.

“One critical tip is to ensure that those leading the efforts represent the community and ensure there is buy in from the community. We should refrain from trying to instill our agenda and respect that communities have strengths and their own thoughts.”

- Victor Ortiz

“Challenges include understanding the many barriers that may impact this client. The African American client is at higher risk of harsher treatments in the court, higher incarceration rates, and sometimes experience difficulty in trusting staff. Being highly authoritarian does not work due to these conditions...”

**-John Breslin and
-Peggy Payonk**

“All of our initiatives have an evaluation component and we conduct Annual Stakeholder Listening Sessions to ensure that the voices of community are gathered and shared with public health officials and policy makers.”

-Victor Ortiz

Survey Results cont'd...

One Key Thing to Remember: What is the one key thing you feel others need to remember when setting out to work with this population?

- As with any culture, we need to make sure our material is relevant and doesn't come off as offensive.
- We must include African-centered values in all prevention and treatment efforts, which is a strengths focused approach. This is key: African-centered values vs. pathologizing the community is more effective.
- The field of problem gambling has historically been disconnected from communities of color and their community experience of gambling. Some of the ideas and strategies currently promoted (by problem gambling entities) are in the absence of meaningful engagement of people of color.
- It is not enough to encourage those who work for your agency to attend diversity trainings. Hiring a diverse staff and keeping them involved in the crafting and presentation of prevention and treatment messaging is essential to effective and inclusive communications.

Programs Surveyed

Delaware

Judy McCormick and Michael Spencer, Delaware Council on Gambling Problems

Indiana

John Breslin and Peggy Payonk, Regional Mental Health Center, Gambling; Acute Addiction Services

Maryland

Deborah Haskins, Maryland Council on Problem Gambling

Massachusetts

Victor Ortiz, Massachusetts Department of Public Health's Office of Problem Gambling Services

"This is a client group that has faced challenges and having an addiction adds stigma. These clients are fighting multiple areas of preconceptions that make it difficult for them, particularly in the beginning of treatment. This can be minimized by not further labeling the client as 'unmotivated', 'lacking skills', or other negative assumptions."

- John Breslin and
- Peggy Payonk

CONTACTS:

For more information on survey results or to inquire about a specific program or strategy used, please contact:

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